118000038668

(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor		
Leader Aut	tomotive Sales LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Charlotte J Medina	
	Name of Person	
	Leader Automotive Sales LLC	
	Firm/Company	
	424 S Babcock St.	
	Address	
	Melbourne Florida 32901	
	City/State and Zip Code	
	leaderauto2017@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Charlotte J Medina	772 913-3314 at ()	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leader Automotive Sales LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000038668</u>	were filed on February 12 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	a summer of the
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	APR -2
(Mailing address MAY BE A POST OFFICE BOX)	
	6 5 7
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dan Thomas	335 Emerson Drive NW FI 32901	
		Palm Bay Fl 32901	Remove
			Change
			□ Add
			□ Remove
			□ Change
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		<u>i.</u>	
- 4			
ective date, if other than the effective date is listed, the date mu- te: If the date inserted in this blooment's effective date on the D	t be specific and cannot be prior to ock does not meet the application.	to date of filing or more than 90	(optional) days after filing.) Pursuant to 605.020 nents, this date will not be listed a
record specifies a delayed the 90th day after the rec		an effective time, at	12:01 a.m. on the earlier o
ted March 30th	, 2018		
	n /		

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Typed or printed name of signee

Filing Fee: \$25.00